

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/04/2014	
NAME OF PROVIDER OR SUPPLIER  CROWNPOINTE OF INDIANAPOLIS				STREET ADDRESS, CITY, STATE, ZIP CODE 7365 E 16TH ST INDIANAPOLIS, IN 46219			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
R000000	<p>This visit was for the Investigation of Complaints IN00142028 and IN00141838.</p> <p>Complaint IN00142028-Unsubstantiated, due to lack of evidence.</p> <p>Complaint IN00141838-Substantiated. State Residential deficiency related to the allegations was cited at R273</p> <p>Survey Date: February 4, 2014</p> <p>Facility number: 005729 Provider number: 005729 AIM number: N/A</p> <p>Survey Team: Beth Walsh, RN-TC Tom Stauss, RN Courtney Mujic, RN Karina Gates, Generalist</p> <p>Census Bed Type: Residential: 65 Total: 65</p> <p>Census Payor Type: Medicaid: 61 Other: 4 Total: 65</p>			R000000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R000273	<p>Sample: 8</p> <p>This State finding is cite in accordance with 410 IAC 16.2.</p> <p>Quality review completed on February 6, 2014, by Janelyn Kulik, RN.</p> <p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24. Based on observation, interview, and record review, the facility failed to ensure an ice dispenser, available for resident use, was cleaned appropriately. This had the potential to affect 65 residents, residing at the facility.</p> <p>Findings include:</p> <p>On 2/4/14 at 11:29 a.m., an ice machine, available for resident use, located in the main dining room was</p>		R000273	<p>RE R273 Submission of this plan of correction does constitute admission of deficiency or admission of guilt. All residents in facility were at risk of potential harm by such a deficiency, No residents were found to have been harmed. In regards to the ice dispenser located in the main dining room of our facility, upon examination was found to have a calcium build up on the front panel behind the spout, the spout surround and the drip tray and rack within the tray. This is simply a calcium build up from</p>		02/28/2014	

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	<p>observed. The ice machine was observed to have a white film on the front panel (behind the ice spout), white film on and in the drip tray area, inside the ice spout, and a black / brown area along the back edge of the drip tray.</p> <p>On 2/4/14 at 11:40 a.m., the Maintenance Director indicated the brown area may be rust.</p> <p>On 2/4/14 at 12:42 p.m., the Dietary Manager indicated the ice dispenser in the main dining room should be cleaned daily by dietary staff, but the dietary team does not have a log currently which identifies when the machine has been cleaned. She indicated the observable brown, black, and white film areas on the machine were not "properly clean." She indicated the drip tray area and the spout areas haven't been cleaned "for probably a week or so."</p> <p>This Residential tag is related to Complaint #IN00141838.</p>		<p>the hard city water. The areas appeared to be and felt to the touch to be simmlar to a film, but was simply moist from the ice deispenser having been utilized. To correct this situation the following measures will be taken. A detailed cleaning scheduled has been added to the cleaning tasks for both dietary and maintenance. A all dietary staff meeting will be held on Thursday, Feburary 20th, 2014 at 1:00 pm. To in-service all staff on the new cleaning schedule and thier responisibilities of such.The dispenser has been disassembled and all of the above parts have been soaked in a calium removing chemical and then cleaned safe for use and reinstalled. This will be done monthly by maintence as part of the monthly preventive maintance process for the facility. Dietary staff will be responsilble to clean and sanitize the dispenser externally daily, and to notify maintenace of calcium build up begins to appear prior to his monthly treatment. Maintence also is responible for deep cleaning the internal parts of the dispenser on a 6 month interval per manufacturers recommendations with hydrobalance ice machine cleaner. This for completed on 2/14/2014 on schedule for this year. To further insure that this situation is hadnled to the best of our abiilty, we will be sending a</p>				

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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				water sample to a lab to have it tested, this will show us is our softener is working properly or not.			